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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/581,335 09/25/2000 PAT 6,648,916
 which is a 371 of PCT/US98/26254 12/10/1998
 which is a CIP of 08/988,142 12/10/1997 PAT 6,146,420

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY TN	SHEETS DRAWING 7	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 8
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ADDRESS

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TITLE

Osteogenic fusion device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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